REPORT TO THE

SENATE APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES

HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE
ON HEALTH AND HUMAN SERVICES

THE FISCAL RESEARCH DIVISION

AND

THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

LOCAL MANAGEMENT ENTITIES
CRISIS SERVICE PLANS

Session Law 2007-323
House Bill 1473, Section 10.49(o)

November 30, 2007

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

A Report on LME Crisis Service Plans
November 30, 2007

The General Assembly enacted Session Law 2007-323, House Bill 1473, Section 10.49(o) that appropriated funds and outlined legislative requirements regarding the planning and development of a continuum of crisis services for mental health, developmental disabilities, and substance abuse consumers of all ages who are in need of crisis services.

This report provides a brief summary of activities during State Fiscal Year (SFY) 2006-07, and provides information about crisis service system planning and implementation activities that have occurred during the first quarter of SFY 2007-2008 (July 1 through September 30, 2007.)

Background Summary of Crisis Services Planning

Session Law 2006-66 (Senate Bill 1741, Section 10.26) specified required crisis service planning activities and appropriated start-up funding for crisis services.

July-September 2006

- **Designation of Crisis Service Planning Regions.** Based upon requests from the Local Management Entities (LMEs), fifteen regional groupings of LMEs were designated to plan the development of regional facility based crisis services.
- **LME Crisis Service Inventories Submitted.** Each LME submitted an inventory of their existing crisis services in early September 2006.
- **Request for Proposal (RFP) for consultants to assist with crisis service planning and implementation.** An RFP was issued and proposals were received and reviewed in September 2006.

October –December 2006

- **Contract with the Technical Assistance Collaborative (TAC) to provide consultants.** This contract was signed in November 2006 and will be in effect through June 30, 2008.

January-March 2007

- **Preparation of a Crisis Plan Template and Instructions for Local Management Entities.** Three one day meetings were held in Greenville, Raleigh, and Morganton on February 5-7, 2007. The final plan template was sent to all LMEs on February 13, 2007.
- **Submission and Review of Crisis Plans.** All LMEs submitted a crisis plan on or before the March 1, 2007 due date. Staff from the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS) reviewed each plan using a standardized review tool developed by the TAC. Each plan was evaluated and ranked into three possible categories – recommended, recommended with required edits, or not recommended. LMEs were notified regarding any edits required to their plans. TAC and Division staff worked with LMEs on an individual basis to make the necessary edits to plans that did not receive full approval.
- **Allocation of Start-up funds for Crisis Services.** In accordance with the legislation (Session Law 2006-66, Senate Bill 1741)**,** each LME was to receive a share of the

$5,250,000 in start-up funds made available by the NC General Assembly, determined on a per capita formula, upon approval of the Crisis Plan for the LME. LMEs with plans that were recommended received all of their portion of funding in March, 2007, those with plans recommended with edits received 75% of the funding in March 2007, with the remaining 25% to be allocated when all required edits were completed. For those seven plans that were not recommended, no funding was allocated. By the end of March, the Division had allocated $3,306,811 to LMEs based upon the approval status of the plans. The remaining $1,943,189 was to be allocated as LMEs made the required modifications to their plans.

April-June 2007

- **Technical Assistance.** During this quarter, the LMEs worked to prepare and submit the revisions needed for plan approval. TAC, as part of the contract with DMH/DD/SAS assisted with this process. TAC worked most closely with the seven LMEs that had submitted plans that required extensive work in order to be approved for start-up funding. Technical assistance was provided both by telephone and by site visits to those programs in April and May 2007
- **Plan Review and Approvals.** Each plan that was determined to need revisions or additional information was reviewed again by Division staff and recommendations were made regarding whether the plan should be approved. Twenty (20) of twenty-six (26) LME crisis service plans were approved and those LMEs have been allocated all of their start-up funds.

July- September 2007

Plan Approval and Start-up Funding. As of June 30, 2007, six LMEs had not received final approval of their plans. During the first quarter of SFY 2007-08, Crisis Plans from five of these LMEs were approved and start-up funding was allocated. The table on the following page provides LME specific information about the date of final plan approvals and the amount of crisis service start-up funding approved as of September 30, 2007.

DHHS - DMH/DD/SAS
Crisis Start-up Funding
Session Law 2006-66; Senate Bill 1741, Section 10.26

	LME	Start-up Funds Available Per SB 1741 (Per capita basis)	Crisis Plan Approval Date	Start-up Funds Allocated as of 9/30/2007
1	Alamance/Caswell/Rockingham	153,544	9/28/07	153,544
2	Albemarle-Tideland excluding Beaufort Co.	68,776	Pending	0
3	Beacon Center (E-N/W-G)	145,648	7/20/07	145,648
4	Catawba including Burke Co.	143,373	6/20/07	143,373
5	CenterPoint	247,321	5/4/07	247,321
6	Crossroads	151,118	5/4/07	151,118
7	Cumberland	188,268	5/17/07	188,268
8	Durham	147,004	3/29/07	147,004
9	Eastpointe	174,152	6/12/07	174,152
10	East Carolina Behavioral Health (Neuse Pitt Roanoke-Chowan including Beaufort Co)	268,621	5/30/07	268,621
11	Five County	138,150	5/29/07	138,150
12	Foothills excluding Burke Co	95,414	5/30/07	95,414
13	Guilford	264,979	5/17/07	264,979
14	Johnston	89,902	6/20/07	89,902
15	Mecklenburg	480,866	8/29/07	480,866
16	Onslow-Carteret	135,274	7/2/07	135,274
18	OPC	131,015	6/22/07	131,015
19	Pathways	216,209	5/30/07	216,209
20	Piedmont	399,609	6/21/07	399,609
21	Sandhills	308,491	5/4/07	308,491
22	Smoky Mountain including New River	209,780	5/30/07	209,780
23	Southeastern Center	190,214	5/30/07	190,214
24	Southeastern Regional.	151,777	5/30/07	151,777
25	Wake	459,341	8/29/07	459,341
26	Western Highlands	291,154	8/16/07	291,154
	Total	**$5,250,000**		**$5,181,224**

State Hospital Admission Data SFY 2006-07.

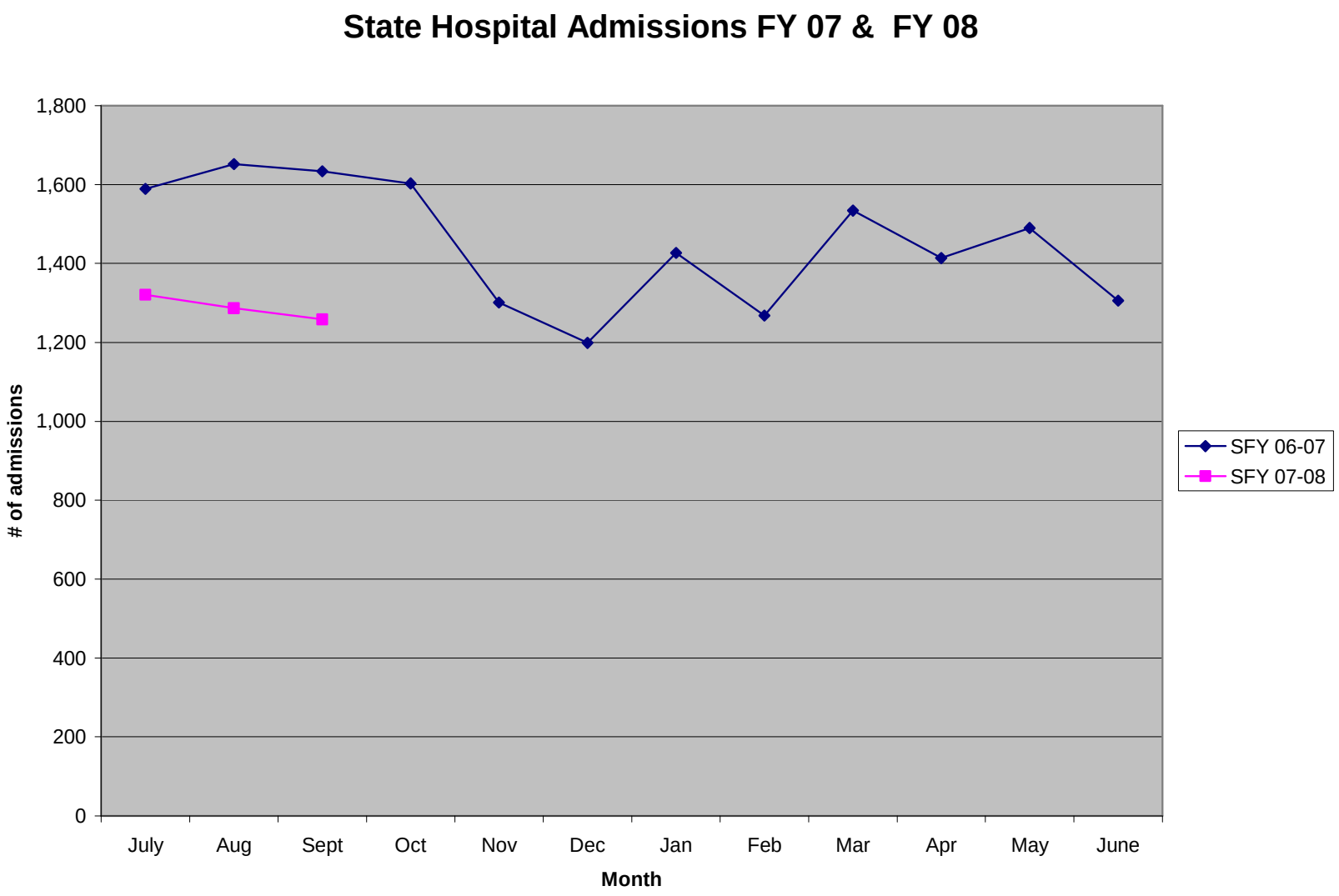
One of the anticipated outcomes of crisis planning and funding to develop effective crisis services in communities throughout North Carolina is that there would be a reduction in admissions to state psychiatric hospitals. Data about admissions were tracked in SFY 2006-07 to provide baseline information and to compare admissions in SFY 07-08.

State Hospital Admissions SFY 07-08

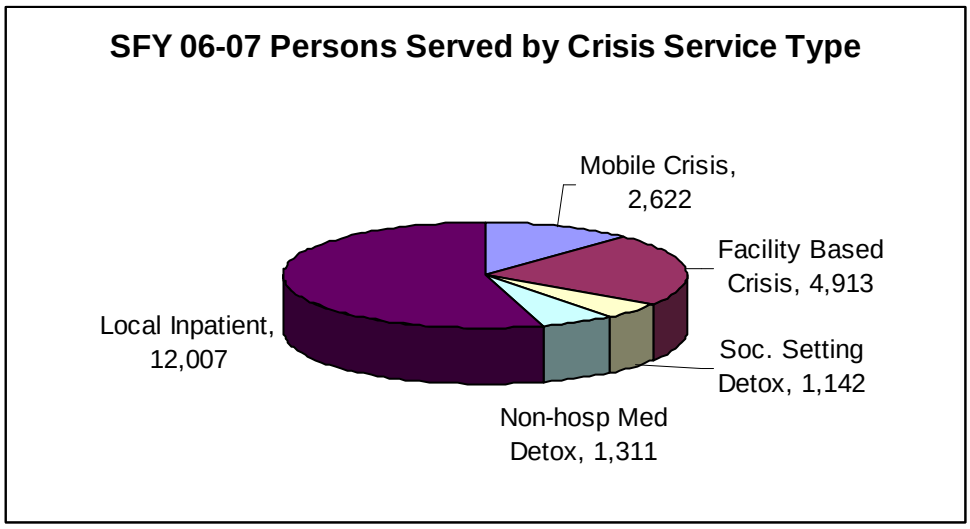
LME NAME	SFY 07-08 1st quarter admissions	SFY 06-07 1st quarter admissions	Change
Alamance/Caswell/Rockingham	191	199	**-8**
Albemarle-Tideland excluding Beaufort Co.	60	127	**-67**
Beacon Center (E-N/W-G)	222	300	**-78**
Catawba including Burke Co.	72	89	**-17**
CenterPoint	185	267	**-82**
Crossroads	71	106	**-35**
Cumberland	125	96	+29
Durham	211	240	**-29**
Eastpointe	204	238	**-34**
East Carolina Behavioral Health (Neuse Pitt Roanoke-Chowan including Beaufort Co)	119	190	**-71**
Five County	161	181	**-20**
Foothills excluding Burke Co	54	93	**-39**
Guilford	202	227	**-25**
Johnston	58	73	**-15**
Mecklenburg	97	133	**-36**
Onslow-Carteret	84	89	**-5**
Orange-Person-Chatham	90	122	**-32**
Pathways	68	148	**-80**
Piedmont	159	257	**-98**
Sandhills	157	274	**-117**
Smoky Mountain including New River	116	121	**-5**
Southeastern Center	176	206	**-30**
Southeastern Regional.	89	94	**-5**
Wake	63	83	**-20**
Western Highlands	575	647	**-72**
Alamance/Caswell/Rockingham	257	279	**-22**
Total	**3,866**	**4,879**	**-1,013**

The data for both years in the table for each LME take into account LME mergers that became effective July 1, 2007. The data are based on total admissions and not the number of admissions taking the population of the individual catchment areas into account. Note that the data has been combined for programs that are merged in SFY 2007-08. Beacon Center includes data for both Edgecombe-Nash and Wilson-Greene. East Carolina Behavioral Health includes data for Neuse, Pitt, and Roanoke-Chowan, and Beaufort County. Smoky Mountain on this table includes admissions from both Smoky Mountain and New River. In addition, the admission data from Burke County is reported with Catawba and Foothills data excludes Burke County data.

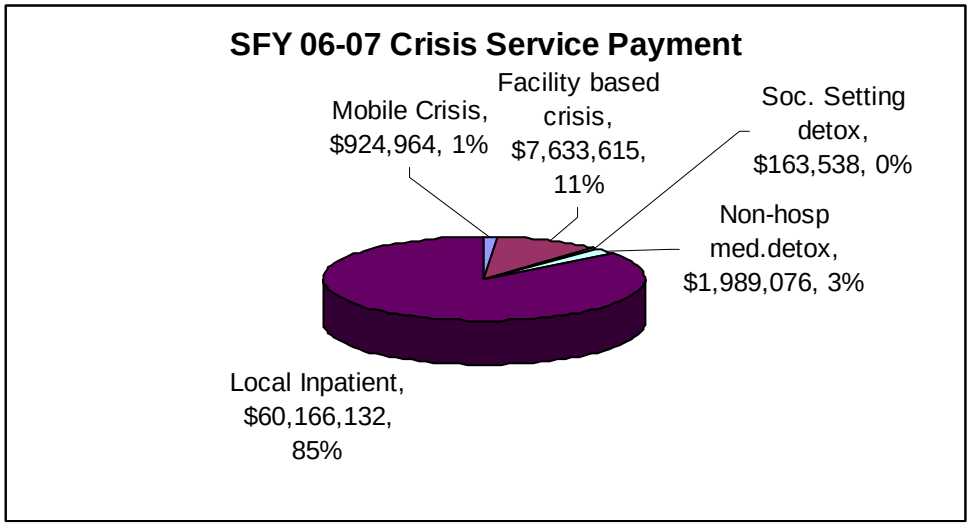
The chart below shows the number of admissions in SFY 06-07 and in the 1st quarter of SFY 07-08



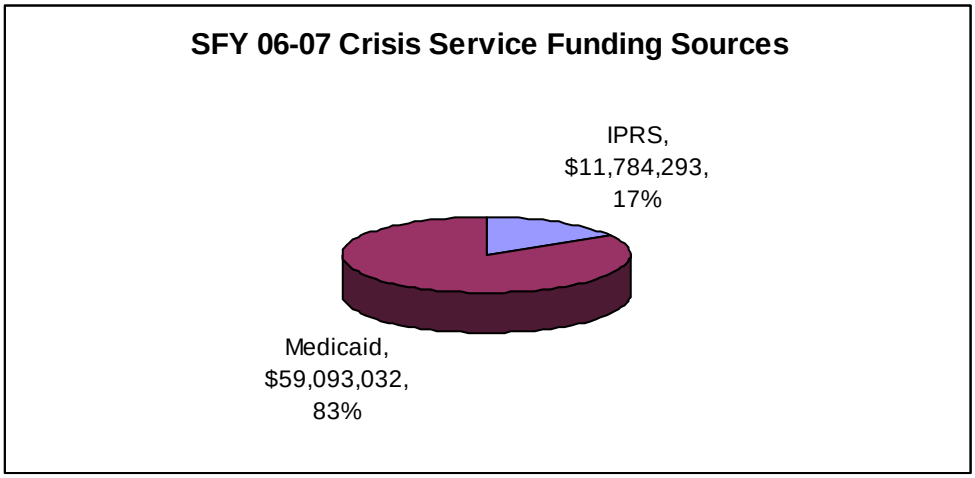
Crisis Service Delivery Capacity. During SFY 2006-07, an unduplicated total of 20,504 individuals received crisis services. This data is based on claims paid with State funds through the Integrated Payment Reporting System and claims paid with Medicaid funds for the following services: Mobile Crisis, Facility Based Crisis, Social Setting Detoxification, Non-hospital Medical Detoxification, and local inpatient hospitals. The chart below shows the number of individuals who received each of these services during last fiscal year.



Payment for Crisis Services. During SFY 06-07, total payments through IPRS and Medicaid for the services listed above were $70,877,325. The chart below shows the amount paid for each of the services listed above.



The chart below shows the amount paid with State funds through IPRS and the amount paid by Medicaid when considering all of these services.



The tables on pages 9, 10, and 11 list all of the Local Management Entities[1] and provide LME specific information about the number of individuals, based on county of residence, who received each type of crisis service during SFY 06-07. The tables also show the combined IPRS and Medicaid amounts paid for each service. The IPRS data do not include any service payments made outside unit cost reimbursement. Also, county funds are not included in the cost data.. The extent to which Medicaid reimbursement supported each type of service varied by service and is noted below each of the following tables.

[1] Piedmont provides all services through a waiver and not through fee-for service IPRS or Medicaid billing data used in this report. The only billing reflected would be for a person with a Piedmont county of residence who was served by another LME or if there was retroactive Medicaid eligibility.

SFY 06-07 Crisis Service Funds Paid and Persons Served

LME	H2011 MOBILE CRISIS Dollars Paid	Persons		S9484 FAC BASED CRISIS Dollars Paid	Persons
ALAMANCE_CAS_ROCKINGHAM	$ 8,229	14		$ 113,112	124
ALBEMARLE	$ 127	1		$ 59,481	53
BEACON	$ 2,861	6		$ 80,867	88
CATAWBA	$ 17,649	72		$ 267,108	157
CENTERPOINT	$ 26,577	115		$ 357,109	299
CROSSROADS	$ 84,085	292		$ 155,253	142
CUMBERLAND	$ 9,314	21		$ 36,001	130
DURHAM	$ 1,812	8		$ 774,570	461
EASTPOINTE	$ 636	1		$ 53,579	55
ECBH	$ 20,918	24		$ 251,065	237
FIVE_COUNTY	$ 250,792	633		$ 44,520	40
FOOTHILLS	$ 2,990	10		$ 320,237	184
GUILFORD	$ 1,847	6		$ 191,836	244
JOHNSTON	$ 1,399	2		$ 1,634	2
MECKLENBURG	$ 21,967	161		$ 565,334	195
ONSLOW_CARTERET	$ 64	1		$ 17,664	17
OPC	$ 1,685	2		$ 390,821	265
PATHWAYS	$ 572	5		$ 161,486	122
PIEDMONT	$ 477	2		$ 4,667	4
SANDHILLS	$ 4,641	13		$ 62,475	57
SMOKY_MTN	$ 107,286	362		$ 781,730	476
SOUTHEASTERN	$ 2,893	10		$ 697,054	727
SOUTHEASTERN_REG	$ 323,716	831		$ 634,363	215
WAKE	$ 5,659	15		$ 1,593,997	687
WESTERN_HIGHLANDS	$ 26,767	36		$ 17,653	15
TOTAL	**$ 924,964**	**2,622**		**$ 7,633,615**	**4,913**

Mobile Crisis. State IPRS paid for 51% of the mobile crisis funds and 49% was Medicaid reimbursement.

Facility Based Crisis Services. State IPRS paid for 80% of the facility based funds and 20% was Medicaid reimbursement.

SFY 06-07 Crisis Service Funds Paid and Persons Served

LME	YP790 DETOX SOC SET Dollars Paid	YP790 DETOX SOC SET Persons		H0010 DETOX-NON-HSP-MED Dollars Paid	H0010 DETOX-NON-HSP-MED Persons
ALAMANCE_CAS_ROCKINGHAM	0	0		$ 3,911	3
ALBEMARLE	0	0		$ 9,776	6
BEACON	0	0		$ 7,169	5
CATAWBA	0	0		$ 3,259	2
CENTERPOINT	0	0		0	0
CROSSROADS	0	0		$ 4,562	3
CUMBERLAND	0	0		$ 209,867	132
DURHAM	0	0		0	0
EASTPOINTE	0	0		$ 37,150	23
ECBH	0	0		$ 20,205	14
FIVE_COUNTY	0	0		$ 652	1
FOOTHILLS	0	0		$ 1,629	1
GUILFORD	0	0		$ 978	1
JOHNSTON	0	0		0	0
MECKLENBURG	$ 123,749	1,109		$ 11,060	9
ONSLOW_CARTERET	0	0		$ 368,570	225
OPC	0	0		0	0
PATHWAYS	0	0		$ 361,000	259
PIEDMONT	0	0		$ 1,304	1
SANDHILLS	$ 39,789	33		$ 36,173	29
SMOKY_MTN	0	0		$ 7,169	5
SOUTHEASTERN	0	0		$ 131,656	94
SOUTHEASTERN_REG	0	0		$ 25,093	14
WAKE	0	0		$ 1,955	1
WESTERN_HIGHLANDS	0	0		$ 745,939	487
TOTAL	**$ 163,538**	**1,142**		**$ 1,989,077**	**1,311**

Social Setting Detoxification. This service is not Medicaid reimbursable. Funds paid were 100% State IPRS funds.

Non-hospital Medical Detoxification. State IPRS funds paid for 84% of the non-hospital medical detoxification funds and 16% was Medicaid reimbursement

SFY 06-07 Crisis Service Funds Paid and Persons Served

LME	YP820 INPAT HOSP Dollars Paid	YP820 INPAT HOSP Persons		TOTAL All Services Dollars Paid	TOTAL All Services Persons
ALAMANCE_CAS_ROCKINGHAM	$ 1,637,425	291		$ 1,762,676	424
ALBEMARLE	$ 1,180,726	174		$ 1,250,111	229
BEACON	$ 2,257,328	386		$ 2,348,225	478
CATAWBA	$ 1,605,105	362		$ 1,893,121	581
CENTERPOINT	$ 3,377,432	727		$ 3,761,119	1,082
CROSSROADS	$ 1,338,287	280		$ 1,582,186	621
CUMBERLAND	$ 1,331,814	320		$ 1,586,996	478
DURHAM	$ 1,505,871	177		$ 2,282,253	637
EASTPOINTE	$ 1,957,439	326		$ 2,048,805	401
ECBH	$ 4,355,266	580		$ 4,647,453	830
FIVE_COUNTY	$ 2,336,721	397		$ 2,632,685	968
FOOTHILLS	$ 1,159,751	244		$ 1,484,607	432
GUILFORD	$ 3,195,199	925		$ 3,389,860	1,139
JOHNSTON	$ 1,848,589	352		$ 1,851,622	354
MECKLENBURG	$ 6,261,602	1,171		$ 6,983,712	2,479
ONSLOW_CARTERET	$ 1,319,046	217		$ 1,705,344	449
OPC	$ 1,907,389	197		$ 2,299,895	458
PATHWAYS	$ 3,373,091	874		$ 3,896,149	1,211
PIEDMONT	$ 125,642	38		$ 132,089	44
SANDHILLS	$ 3,494,805	997		$ 3,637,883	1,095
SMOKY_MTN	$ 1,984,937	382		$ 2,881,123	1,069
SOUTHEASTERN CENTER	$ 2,405,598	420		$ 3,237,200	1,191
SOUTHEASTERN_REGIONAL	$ 2,145,356	923		$ 3,128,529	1,627
WAKE	$ 2,749,749	399		$ 4,351,360	1,082
WESTERN_HIGHLANDS	$ 5,311,962	936		$ 6,102,321	1,439
TOTAL	**$ 60,166,131**	**12,007**		**$ 70,877,325**	**20,504**

Local Inpatient. State IPRS funds paid for 6% of the local inpatient funds and Medicaid paid for 94%. The data about Medicaid reimbursement is from claims paid based on billing from a general hospital for a Diagnostic Related Group (DRG) reflecting a mental health or substance abuse diagnosis as the reason for admission and treatment and on billing claims from private psychiatric hospitals for person 65 or over and for persons younger than 21. The data above does not include State hospitals, self pay, county funds, or insurance.

Ninety-seven percent (97%) of the total IPRS billing ($2,270,737) for local inpatient was done by eight LMEs (CenterPoint, Guilford, Sandhills, Southeastern Regional, Johnston, Pathways, and Mecklenburg). Eight LMEs had no IPRS billing for local inpatient services.

LOCAL MANAGEMENT ENTITIES CRISIS SERVICE QUARTERLY REPORTS
July 2007 through September 2007

This section of the report contains narrative information from each of the LMEs about their crisis service plan start-up and service activities during the first quarter of SFY 2007-08. This information has been take verbatim from the LME reports; therefore, it varies in the amount of detail provided. Each LME also submitted data about the number of State hospital admissions which is on page 5 of this report.

Alamance-Caswell-Rockingham. Advanced Health Resources has established a facility to begin taking Walk-In Crisis in Rockingham County on November 5, 2007. Local hospital services: Advanced Health Resources will allocate a Qualified Professional to Morehead Hospital to do crisis intervention and evaluations since the hospital currently does not have designated staff to handle mental health crisis. This position will be in place November 5, 2007 and will enable the hospital to serve consumers that in the past would have been sent directly to the state hospital. Funding will be allocated to local hospitals so that clients can be served locally instead of being directed to the state hospitals. Beginning November 5, 2007, Morehead Hospital will be the initial focus with Alamance Regional Medical Center and Moses Cone Hospital also included in the sponsorship programs. The LME plans to issue a RFP to select another provider of after hours walk in crisis services for all three counties. It is anticipated that the RFP will be sent out by January 31, 2008. LME will continue intensive work with stakeholders regarding crisis plan implementation.

Albemarle-Tideland. Crisis plan has not yet been approved.

Beacon Center. (1) Mobile Crisis activities included advertisement for positions of medical doctor and support staff, hiring and training and salaries, fringe, etc. The LME is currently awaiting approval from the Division for a waiver to do an LME operated Mobile Crisis Team. Once approval is received, advertisement will begin for the other positions and the equipment purchased as indicated in our original request. We will also begin our tie in program with the local magistrates for online linkage pre-petition. (2) Emergency room services: Nash General only billed. Wilson Memorial has not yet finalized their contract. (3) Facility Based Crisis Services: The LME may need to use funds that were initially planned for facility based crisis services for inpatient services due to the delay with the facility based unit planned by East Carolina Behavioral Health.. Next steps: The LME is in the final stages of formalizing inpatient and emergency services contract with Wilson Hospital. They have been doing the services all fiscal year but not submitting invoices. Other funds have been allocated for inpatient services in the interim. Web technology placement is on hold at the magistrate's office pending outcome of our agency's request for an LME run mobile crisis team. If that is not approved, use of the rural health grant for this project must be reevaluated.

Catawba-Burke. Upon receipt, funding the LME will either: 1) augment diversion efforts for indigent MH clients to be treated at the local psychiatric hospital vs. state institution admission or 2) be dedicated to Mobile Crisis provision/infrastructure. Local providers have been actively involved in multiple levels of community crisis planning; they are ready and eager to implement as funding is available and contracts are issued. The recurring allocation of $92,645 anticipated in the 2007/08 fiscal year will be used by Mobile Crisis Services primarily, as Mental Health Trust Fund (MHTF) dollars have been committed to the further development and expansion of this service delivery. Greater capacity and maturity of this service will naturally increase billing

and the ability to draw down UCR dollars as consumers meeting Crisis Target Populations are served more broadly. Developmental Disability (DD) funding will be assigned contractually as the service needs are weighed against allocations finalized in the coming weeks. If the $87,000 unexpended funding from 2006/07 is reallocated for use in this fiscal year, dollars for Adult MH and Adult SA will be realigned as supplemental funding to the MHTF projects so that initial efforts and launchings are maximized with a strong financial basis from which to grow in total Crisis planning at the local level.

CenterPoint. CenterPoint Human Services entered into contract with Old Vineyard for 10 guaranteed adult acute crisis beds with start-up funding of $125,000. To facilitate this arrangement, Old Vineyard had to make building improvements at its facility in Winston-Salem to accommodate the 10 beds. Start up funding was provided to assist with getting a wing at the facility solely dedicated to the 10 adult crisis beds. A RFP for a second Mobile Crisis Team has been issued by CenterPoint Human Services and $100,000 of the remaining start-up funding is being allocated to assist a new provider with the costs incurred when starting up Mobile Crisis. It is the CenterPoint's intention is to have the second Mobile Crisis Team become operational during the Second Quarter.

CenterPoint Human Services is working with Recovery Innovations to implement Restart services in our catchment area. Restart is a recovery based alternative Crisis Service which consists of five to ten one bedroom apartments clustered in a single apartment complex. Individuals needing services can stay for a period of up to 30 days with an average length of stay of 14 days. By using a recovery based approach, Restart will: (1) decrease inpatient admissions to local and State Hospitals; (2) decrease hospital readmissions for guests leaving inpatient hospital stays; (3) decrease utilization of local hospital emergency departments by guests with psychiatric problems; (4) increase housing for those guests who are homeless or those who do not have adequate housing; and (5) increase education and employment opportunities. CenterPoint Human Services will supplement the remaining $22,321 in start-up funding with additional dollars to assist Recovery Innovations with start-up for the Restart Program. The intention is to have this program become operational during the Third Quarter.

Adult crisis beds are provided by Old Vineyard and Forsyth Memorial Hospital for Forsyth, Stokes and Davie counties. The allocated crisis funding has been subsidized with fund balance and county discretionary funds to pay for the adult beds. Child crisis beds are provided by Old Vineyard.

While Mobile Crisis is a crisis service and part of the regional crisis plan, no allocated crisis dollars have been used to pay for this service. Currently, mobile crisis services are provided by Daymark for Forsyth, Stokes and Davie. CenterPoint is in discussion with a second provider for additional mobile crisis services.

Crossroads. Our facility-based crisis center (called the Crisis and Recovery Center) provider, Easter Seals UCP ASAP, re-opened in the 2006-07 fiscal year. The Crisis and Recovery Center has applied for involuntary commitment certification/status and awaits NC Division of Health Service Regulation response. The services provided by the Crisis and Recovery Center have helped to divert patients from Broughton State Hospital who can be served voluntarily. When the facility is designated for involuntary commitments, the service will help to further decrease admissions to state psychiatric facilitates. State Fiscal Year 2006-07 Crisis Services Funds were expended on June 30, 2007. New funds have not been allocated for SFY 2007-08 at this time. Crossroads continues to work with a Crisis Services provider to add two full time employees to

increase capacity for Mobile Crisis, walk-in availability and urgent appointments. Easter Seals UCP ASAP,, a facility-based crisis center provider, has applied for involuntary commitment certification/status and awaits a response from the NC Division of Health Services Regulation. When approved, this should further decrease admissions to state psychiatric facilities. In an effort to maintain clear improved communication, Crossroads continues to meet with law enforcement, hospitals and other stakeholders on the admission/referral process.

Cumberland. No start-up contract had been executed as of September 30,2007. Cumberland will continue to provide Care Coordination Services at the County jail and to determine providers and costs associated with Mobile Crisis, Child Respite, Facility Based Crisis and non-Hospital Detox.

Durham. The funds were allocated in FY 2007 as non-UCR. The funds ($147,004) were spent to support our facility based crisis center for non billable activities. Durham Center contracts with a provider for facility based crisis services. IPRS reimbursement paid to that provider for adult mental health services was $17,133 and for adult substance abuse services was $90,604. During the first quarter, 453 clients were seen in the crisis facility. Note that not all the services provided are billable. Many are funded through non UCR or County dollars.

Eastpointe. Eastpointe has advertised twice for proposals for a provider to implement and run a Mobile Crisis Team. Most recently, the LME received two applicants and due to external circumstances, the field is narrowed to one provider. On October 29, 2007,, Eastpointe's management team will interview the applicant for suitability. In the meantime, the LME is working closely with local community partners and providers to ensure that crisis services are provided. Specifically, the LME trained providers on October 24, 2007 regarding first responder responsibilities and crisis plan development. The LME continues to work closely with local hospitals to establish plans for the diversion of consumers prior to the utilization of emergency services. Scheduled meetings include: October 19, 2007 with four hospitals to discuss Mobile Crisis Team; October 24, 2007, with 100 providers to discuss first responder responsibilities, and October 25, 2007,with law enforcement in the four counties to discuss plans for Crisis Intervention Team (CIT). The LME will continue to provide an on-call service in the four county catchment area so that all consumers that call with an emergency can receive after hours care. Respite beds (two) receiving limited use due to the lack of a current provider of Mobile Crisis services. However, if the beds are not secured at this time then they will likely be unavailable in the near term. The LME provided on-going transportation support for local law enforcement as well as support of staff & contractors providing crisis services, sent staff to Crisis Intervention Team training in Memphis and sponsored local trainings for local law enforcement that are interested in the CIT process.

East Carolina Behavioral Health. (1) Respite (hourly): six providers covering all nine counties. RFI done to increase capacity; currently have 2850 hours of respite encumbered for the first quarter totaling $57,000 not all of which has been billed at the time of this report; (2) Community respite: one provider serving Craven County; RFI done to increase capacity; (3) Mobile Crisis: one provider; RFI done to increase capacity, currently serving Northampton, Gates, Hertford and Bertie counties; (4) Facility Based Crisis: two providers. one provider has one facility in Greenville and one in Ahoskie; another provider has one facility in Windsor; one facility is under development in Washington with a different provider; (5) Local hospitalization: contracts are in place with Northside and Brynn Marr Hospitals, also working on contracts with Pitt Memorial, Crossroad Hospital and Beaufort County Hospital for indigent bed day public private partnership; (6) Recovery Services: provided in Greenville and New Bern covering

Craven, Jones, Pamlico, Beaufort and Pitt counties. Primary provider of this education is the LME providing education that includes Wellness Recovery Action Plan (WRAP) classes, consumer crisis planning classes, provider agency first responder training, Crisis Intervention Team for law enforcement, Emergency Medical Teams (EMTs), fire/rescue with 27 professionals trained; and Peer Warm line services handled 363 calls this quarter

Five County. The LME will be sending out an RFP for a Facility Based Crisis program in the catchment area. We currently have contracts with Freedom House and PORT Human Services to provide Facility Based Crisis through their existing facilities and are beginning to serve some consumers through these programs. An additional goal is to have the adult crisis homes operating by the end of the next quarter. As noted, child crisis homes are currently operating. A DD Behavioral Specialist has tentatively agreed to establish a contract with Five County to provide training to providers on how to prevent or minimize crisis in DD consumers. Providers have been contacted, with a deadline of November 1, 2007, to determine interest. There has been a positive response from providers. The next step will be to finalize the contract with the trainer and set up the trainings. Five County is also currently working with our contracted Mobile Crisis provider in order to bring their service more in alignment with the service model. In addition, through Mental Health Trust Fund monies, Initiative B, Five County is contracting with a provider for a Community Support Team to work with individuals admitted to John Umstead Hospital. That team is currently operating. In addition, also through this fund source, the Mental Health Association has conducted WRAP training in all five counties, is training potential peer specialists (plan to hire four) and working to develop two drop in centers. Under Initiative C, Five County is developing a Recovery Home. Five County is currently providing training to providers on writing crisis plans and will continue to do so. A total of 30 law enforcement officers in the Five County area have been trained in CIT principles, with another training planned.

Foothills. Mobile Crisis Team: The LME will begin the contract on October 15, 2007, with the Catawba Valley Behavioral Healthcare staff "shadowing" Foothills staff members when they go out on crisis calls and going through training and "dummy entries" in our electronic data entry and billing system. A full phase-in of all facets of the service will start November 1, 2007. The LME will monitor their activity levels through electronic data entry, monthly activity reports, and follow-up with community resources, other providers, and clients. Catawba Valley Behavioral Healthcare will be expected to appear before our Board of Directors in January or February to give a progress report to date.

For SFY 2006-07: The expenditures for the last fiscal year were one-time partnership allocations to community crisis service stakeholders. The goal was simple; help those in crisis. Foothills Area Program recognized that there are individuals and families in the community who may be going through a crisis, (very often involving mental illness or substance abuse aspects); but who may never enter through the LME. Therefore, Foothills collaborated with community agencies through a partnership that would have a direct and effective impact to these individuals and the community. This partnership was accomplished through a one-time monetary donation of crisis monies. Foothills donated these funds to local law enforcement agencies, Department of Social Services (DSS) agencies, and community and faith-based service providers who are on the front lines of providing services to individuals and families in crisis.

For SFY 2007-08: The LME anticipates primarily using this crisis money to supplement the activities of the new Mobile Crisis Team contract beginning November 1, 2007. A portion of the funds will also be used, as it was last year, to support Facility Based Crisis and Detox services.

The LME continues in our efforts to divest the Facility Based Crisis Detox Center and are pursuing a waiver extension to operated this facility until next summer to give us time to do this. The LME will decide within the next quarter whether Foothills can maintain this facility. However, in the event that the LME decides not to use the money towards Detox/Crisis Services, Foothills will look at other areas of need in our Local Crisis Plan, likely focusing on children's crisis service needs. The LME may also need to develop other contract resources for those individuals needing detoxification services and may need to use the Local Crisis Funds to support these contract arrangements. The LME is also looking at using crisis funding to encourage the development of crisis resources for children, including crisis placement and case managers to act as liaisons between community stakeholders and clients in crisis.

Guilford. (1).Mobile Crisis: Start-up funding used to provide community outreach by the two Senior Practitioners to consumers at high risk of inpatient and jail recidivism with the goal of diverting from John Umstead Hospital and the judicial system. These staff make community outreach visits and work with consumers to identify needs and connect them with appropriate treatment providers and community resources to enhance their ability to remain successfully in the community. Plan is to continue provision of this service. (2.) Start-up funding used to fund 14 four day local inpatient sponsorships. The LME will continue with two additional sponsorships per month at Moses Cone and High Point Regional Hospital Behavioral Health units. In addition to the inpatient coverage, the Guilford Center has liaisons to participate with consumers and staff in discharge planning and to facilitate communication between providers and hospital staff. One liaison works with High Point Regional Hospital and one with Moses Cone Hospital and these liaisons are assigned to the Guilford Center's Crisis Unit. (3.) A vendor, Bridgeway Behavioral Health, has been selected to provide substance abuse treatment (non-hospital detox, social setting detox, long-term residential, Integrated Dual Disorder Treatment, Intensive Outpatient Treatment, and outpatient treatment to Guilford County residents. These services will be phased in starting November 2007.

Johnston. Architectural plans have been submitted to NC Division of Health Service Regulation (DHSR) for a four bed Observation/Crisis stabilization unit adjacent to the Emergency Department of Johnston Memorial Hospital (JMH), as outlined in Johnston County's Crisis Plan. Space has been cleared in JMH and it is anticipated that construction will begin November 10, 2007. Recruitment of necessary nursing and support staff has begun and it is expected that by late December/early January the unit will be operational, contingent upon response from DHSR. In the next quarter, we are increasing awareness efforts regarding Crisis Respite availability. The LME has already trained CS providers, DSS, and Johnston Memorial ED staff regarding protocols for Child MH/SA respite, but plan to expand awareness efforts to magistrates. The LME is adding several providers, and making more formalized arrangements with the lead provider in this effort. The LME will also be expanding awareness to DD stakeholders and adding providers to the Respite network with familiarity with Child DD and SA issues. The LME is researching options to contract with a local adult care facility to begin an Adult MH Respite Program. The LME is developing specialized Care Coordination unit for Adult Care Homes that will work in coordination with the Gero/Adult Care Team to assure that consumers identified at high risk for crisis in the homes are brought to the attention of psychiatrist, and options made clearly available to staff at Homes to prevent hospitalization. The LME is developing specialized Care Coordination unit for Substance Abuse clients with special protocols for follow up and tracking for clients at high risk for relapse and hospitalization. The LME are working closely with SA providers in this effort. The LME is negotiating a contract with PORT provider agency for Detox when there is overflow at JMH. The LME will begin

work with Johnston County Sheriff's Department and Smithfield Police Department regarding CIT training. The LME has begun to develop protocols to increase referrals to Walter B Jones Detox Program for Pregnant Women when appropriate and possible.

Mecklenburg. Mobile Crisis Services were implemented in June 2006, as part of the original pilot project with MHTF dollars. The service has been operational since that time and has slowly increased calls/visits per month. In FY 2007-08, start-up funding was added for the purpose adding a 2nd shift and increase hours of daily coverage. Two training projects are planned: a) Consumer/Family training in crisis planning – a consumer fair to provide interactive training in crisis planning for each disability group; and b) The LME has contracted with Mecklenburg's Promise, a training division of Mecklenburg Open Door to develop and implement a training curriculum and plan to teach providers, as well as consumers/family members about crisis planning and crisis response. A kick off for the first planning was held at the above listed consumer fair. Continued training events are planned beginning in November 2007, to continue monthly. The LME contracted with a marketing firm to label and market Screening, Triage and Referral (STR) as MeckLINK for the purpose of increasing exposure and access to MH/DD/SA Services in Mecklenburg County.

Mecklenburg County Mental Health is developing a facility based jail diversion center and program with plans to utilize capital expenditures from the County and the State. An architect/planner has been hired and is working with the LME and the County on the facility design. The County has supplemented these development efforts with a grant of $500,000 to implement the residential crisis component of facility based crisis services. The Mecklenburg LME Regional Crisis Plan is integrated with a jail diversion initiative in that both include elements of facility based crisis services and residential crisis stabilization. The LME was awarded $500,000 from Mecklenburg County to implement the first phase of residential stabilization. The LME has identified a provider for residential crisis stabilization with a January 1 implementation date. Implementation planning is underway and will continue. In addition, as stated earlier, a facility based crisis center is a component of both the jail diversion and regional crisis plan initiatives. The LME has contracted with a facility planner and will continue to work with that firm to develop physical space plans, while refining details for staffing and program needs. The LME's goal is to fully implement the residential stabilization component, to be used initially only for jail diversion, but adding capacity for other adult consumers in crisis. Mobile Crisis Team (MCT) is also an integral component of these services and the LME will continue to work with the MCT provider to increase the market penetration and utilization for this services. The LME and MCT are working with Charlotte Mecklenburg Schools and Charlotte Mecklenburg Police Department, as well as other stakeholders for this purpose. The LME has added capacity for DD Crisis Respite services and will continue to monitor utilization to determine if additional capacity is needed and/or if other crisis services are needed for this population.

Onslow-Carteret Behavioral Healthcare Services (OCBHS). (1) Start-up funds. The OCBHS Crisis Plan was approved by the DMH/DD/SAS in July 2007. As of today, the agency has not received the allocation to provide start-up to providers as requested. OCBHS has continued to implement the Crisis Plan with the current crisis allocation. (2) Mobile Crisis Management: The SOS provider agency was endorsed and received their Division of Medical Assistance (DMA) number in July 2007. The service was initiated in the catchment area in July and has been extremely effective. This service was expensive for the provider to initiate and still will require start-up once the allocation is received. (3) Respite: As soon as OCBHS receives the allocation, the agency will post RFI's to identify Alternative Family Living Providers to maintain available

beds for community respite for individuals experiencing a crisis/emergency. These families will be trained as soon as they are identified to support clients experiencing crisis. (4) Facility Based Crisis: The SOS, Inc. agency is currently consulting with Division of Health Service Regulations to co-license the detox unit for community respite for persons with substance abuse and/or mental health issues. SOS is currently looking for a six bed site for a facility based crisis service in Carteret County. Additional dollars have been identified for the Facility Based Crisis Service to minimally secure the location until the allocation is received by the LME. Once licensure is complete, Provider will apply to have both sites designated to accept people who have involuntary commitment status..

Delivery of Crisis Services this quarter: Respite for Crisis Services ($7,921): The LME has contracts with 7 providers for this service; 24/7/365 Crisis Response ($28,398): SOS provides 24/7 crisis response in catchment area; Non-hospital medical detox: ($280,551) through a CASP agency; Community Inpatient: ($54,000) Brynn Marr Hospital.

Next steps: (1.) OCBHS is currently developing a procedure to voucher out financial assistance to individual clients for transportation. OCBHS has contracts with taxi cabs when a client has a need that cannot be met by another resource. OCBHS is currently communicating with the Sheriff's Department to purchase secure transportation for individuals who are in an emergency but do not meet the criteria for commitment or can be diverted from hospitalization. (2.) Provider (SOS, Inc.) is in the process of meeting with DHSR to seek licensure for Detox and Community Respite in the same location. Provider has located a possible location in Carteret County and will be meeting with the construction staff from DHSR to determine what may need to be done to the facility to bring it to licensure standards for Facility Based Crisis. Provider is currently in process of working on license for Community Respite at Detox site. Same Provider is searching for suitable facility in Carteret County. Once licensure is complete, Provider will apply to have both sites designated as IVC acceptance sites. (3.) Training event was held in October for CIT that introduced the process within the local community. The CIT training has been announced and is scheduled for November 26, 2007 in Raleigh. Notification has been sent out to all providers, CFAC, Police and Sheriff's departments with links to register to attend. (4.) Service Management received 150 calls and provided oversight, technical assistance and guidance to providers. Service Management has participated in several treatment team meetings with providers to support effective treatment in the least restrict environment. Service Management has been involved in five high risk consumers and facilitated the placement and ensured PCPs are very detailed and meet all requirements. Service Management was involved in two teleconference calls. (5.)The crisis workers/provider community has access to all consumers via the Defran system which includes access to the Crisis plan and the full PCP including diagnosis and medication information. All Discharge summaries will be uploaded into the Defran system to ensure everyone has access to the most current information including medication. (6.) The LME continues to meet monthly with Carteret General Hospital to assure clients receive appropriate services and are transitioned from the hospital expeditiously and effectively. The hospital has been very satisfied with the mobile crisis management provider responding to individuals at the hospital instead of 1st responders from several agencies. The LME is in the process of setting-up meetings with Onslow General Hospital. (7.) Through the endorsement reviews, several providers received technical assistance and plans of correction relating to client's PCP and crisis plans. The technical assistance was related to effective treatment based on symptoms and appropriate interventions to increase stabilization and prevent emergencies. (8.) An extensive amount of technical assistance, monitoring and corrective action has been initiated with provider agencies to improve person-centered and crisis planning for person's experiencing an emergency.

Orange-Person-Chatham (OPC). Orange-Person-Chatham allocated the start-up funds from the approval of the Crisis Plan primarily for SFY 2007-08 Mobile Crisis services as the 2nd year of implementation funds for Mobile Crisis ended in FY 2007. These funds have allowed the LME to continue to provide Mobile Crisis services uninterrupted for the first quarter of this year despite having not yet received allocation letter from the Division. The LME believes that the Mobile Crisis and Facility Based Crisis services that Freedom House and Residential Treatment Services of Alamance provide are at least in part responsible for the decrease in state psychiatric hospital admissions that we have seen since this same period last year. The Freedom House Mobile Crisis team is currently serving all three OPC counties and successfully diverted 53 people from hospitalization in FY07.

For the first quarter the Mobile Crisis team went out on 49 face-to-face Mobile Crisis events. OPC will continue to partner with Freedom House on the provision of Mobile Crisis Services over the coming quarter. In addition, as indicated in the Crisis Plan there are currently numerous funding gaps that can be addressed should we receive additional crisis funds this fiscal year (Facility Based Crisis, Detox, and Emergency Therapeutic Respite (Rapid Response) for children to name a few.) In addition, The LME continues to identify the need for additional funding for transportation from our rural counties and programs to our Facility Based Crisis program in Chapel Hill, as well as transportation for those being discharged from John Umstead Hospital. Increased funding and/or implementation of these services is contingent upon the amount of funds we receive in our FY08 allocation. Once the LME knows what funding it will have to work with, OPC will prioritize and allocate available funds accordingly. In addition, OPC is holding a DD Crisis Planning Training presented by Developmental Disabilities Training Institute for Targeted Case Management providers and other DD provider staff this coming quarter to further educate the provider community about appropriate crisis planning and first responder responsibilities for individuals with DD.

Pathways. (1) Halfway house-female eight beds Lincoln County is ready to have visit from DHSR for license approval by November 1, 2007, and then start up expenses will be paid to provider. (2) Transition house-four beds Cleveland County: Facility has been located and licensed (will be six beds). Staff is being hired and trained with an expected opening date of December 1, 2007 and start up expenses will be paid to provider.

(3) Contracts with local hospitals (Kings Mountain for adult SA and adult MH; Gaston Memorial for Adult MH): The LME will increase hospital contracts since funds are almost expended for each of these target populations and funds will be spent in the second quarter. (4) Child respite providers: Scheduling training to replicate Durham Rapid Response Home program for Lincoln County DSS family care homes with training from Caring Family Network. (5) Project Start training: Scheduling training for first responders in three county catchment area. Rapid Response training will probably occur in second quarter and implementation of service will begin in third quarter. The LME has discussed with Charlotte Area Health Education Center about co-sponsoring Project Start training in third or fourth quarters.

Piedmont (PBH). Start-up activities: Based on EMTALA concerns beginning in February 2007, PBH has been proceeding cautiously and are waiting on clear resolution to begin moving forward with the Facility Based Crisis Center expansion due to the possibility of decreased utility of that service as a viable alternative to hospitalization for consumers in local emergency rooms. PBH has put more energy into expanding local hospital contracts for additional hospital beds to be accessible for our consumers with State only funding. PBH has added Stanly Memorial

Hospital, High Point Regional Hospital and Rowan Regional Hospital for a total of 48 local beds that are accessible for state funded consumers. PBH is close to additional contracts with two other local hospitals, Moses Cone and the CMC system hospitals. For the Facility Based Crisis expansion, PBH has been in discussions with Daymark Recovery Services to open and operate a second Facility Based Crisis center in Davidson County. PBH has had initial discussions about utilizing a building owned by the county that was the old Davidson County Mental Health facility. PBH plans to submit a grant application with Daymark to the Kate B. Reynolds fund in December 2007 based on potential grant monies available. Initial planning has begun at PBH on a work plan for start up and implementation of this program. Next start-up steps include: 1. Get a final ruling on EMTALA issues related to Facility Based Crisis Centers and referrals from local emergency rooms; 2. Continue contracting process with Local Hospitals for indigent bed coverage; 3. Plan to submit a grant proposal to the Kate B. Reynolds fund for additional support for a Facility Based Crisis Center in Davidson County; 4. Secure the rights (through lease or donation) to the building formerly utilized by the Davidson County Mental Health Services. Preliminary discussions are currently underway;. 5. Finalize the work plan process for start-up and implementation of the Facility Based Crisis Center in Davidson and 6. Engage an Architect to begin planning building renovations to establish the Facility Based Crisis Center within code for licensure.

Crisis services: Currently PBH has one provider (Daymark Recovery Services) of Mobile Crisis Services; 16 beds in the Crisis Recovery Center at Kannapolis; one provider (Mecklenburg Detox) of Social Setting Detox; one provider (ARCA) of Non-hospital Medical Detox; 18 providers for Innovations Waiver Crisis Services for the DD population; PBH Call Center had 5,063 calls in the 1st quarter; PBH operates an outreach team under their Access/STR unit; and has a contract with Daymark Recovery Services to provide walk-in service from 8:00 AM to 8:00 PM Monday through Friday. PBH is focusing on several initiatives with its Crisis Services plan. Continued decrease of the State Hospital admissions and Bed Day Utilization through: expanded local options (Private Hospitals, Detox, FBC etc); increased involvement in discharge planning and follow-up post hospitalization through our Access Outreach Team; care management of high risk consumers as identified through our Utilization Review committee; Improvement in First Responder activities through specific training of our agencies providing first responder services. (ACT, Community Support, Residential, MST etc.); Improvement in Crisis Respite and Respite services through the implementation of the PBH 1915B (3) waiver services; Continued improvements in the utilization of the Innovations Crisis services through more thorough identification of consumers in need of this service as indicated through utilization review and care management activities with the DD population; Enhance the PBH Innovations Waiver services through our renewal by requesting definition updates to establish First Responder process for current definitions; and Continued work towards expansion of the Facility Based Crisis Services capacity through the addition of a Davidson County based Facility Based Crisis Services Center.

Sandhills. (1) Good Hope Hospital Inpatient Start up: Sandhills Center is involved as part of a group of community stakeholders who are working toward the goal of opening a 16 bed free standing adult psychiatric unit in the existing hospital facility. This complex effort involves a number of tasks that include: a study of the renovation needs associated with reopening the facility, hiring a consultant/project manager to provide support for this effort, funding these renovations, equipment needs associated with reopening, and potential funding of start up costs. (2) Crisis Intervention Training: In the process of working with a group of community stakeholders to implement CIT program in Moore County with goal of expanding this program

to the entire Sandhills area. (3) First Health-Moore Regional Hospital is in process of reviewing the possibility of setting up a consumer assessment area outside of their emergency room.

First quarter efforts to implement crisis plan include: provision of crisis/1st responder training; implementation of a crisis bed for adults with MH needs; expansion of ACTT services for non-Medicaid consumers; expansion of contract options/funding for both adult & child inpatient psychiatric services; expansion of SA residential treatment capacity; use of DD crisis funds to expand respite opportunities for adult/child DD consumers; implementation of an area wide supported employment program for adult MH consumers; expansion of the Center's hospital liaison staff; and initiation of efforts to implement CIT.

Futures plans include funding of an area wide jail diversion project and contracting with two community providers for implementation of hospital transition teams designed to insure that consumers intensive treatment programs are effectively integrated into the community.

Southeastern Center. Bridge Builders, a peer support provider was hired and will be going through training over the next quarter. The provider for Child and Youth crisis beds is fully operational. CIT committee meetings are monthly and training for this area is now being planned. Crisis station is fully operational. Mobile crisis is being proposed by two providers. Meetings to be scheduled for review of the proposals.

Next steps include: Bridge Builders Peer Support plans to begin services at Cherry Hospital in the month of October and to follow with those clients who choose the provider when they are returned to the community. Simultaneously the provider plans to start support groups in Brunswick and New Hanover counties for peer support, recovery and crisis intervention. Once the staff has been trained as WRAP facilitator, then WRAP classes will be part of the educational recovery program. CIT start-up committee will meet monthly and begin planning the training curriculum for the law enforcement departments of Brunswick, New Hanover and Pender counties. Mobile Crisis is being proposed by two providers at this time. Meetings will be scheduled during this quarter to discuss their proposals.

Southeastern Regional (SRMH/DD/SAS). Start-up focused on Mobile Crisis Team hired .5 full time equivalent (FTE) staff and will recruit for the remaining 1.5 FTE's specified in its Crisis Plan; advertise to increase awareness of service availability; and conduct "First Responder Services Training" for provider community. Service provision: (1) Crisis line 24/7/365 response: there is one provider (SRMH/DD/SAS) for daytime and a contract with Protocall for after-hours) catchment area of Bladen, Columbus, Robeson, and Scotland served; (2) Mobile crisis: one provider (SRMH/DD/SAS) catchment area of Bladen, Columbus, Robeson, and Scotland served; (3) Respite Contract with Cumberland LME signed in September 2007; (4) Facility Based Crisis Service: one provider (SR/MH//DD/SAS) catchment area of Bladen, Columbus, Robeson, and Scotland served; (5) Inpatient: one provider (SRMH/DD/SAS) catchment area of Bladen, Columbus, Robeson, and Scotland served. The Southeastern Regional LME Crisis Plan includes a contract with Wake LME to receive after-hour crisis calls for us. However, this contract did not materialize. The LME is currently exploring collaboration with several other LMEs in regards to this function. Mental Health Trust Fund (MHTF) dollars are being used by a private provider (Evergreen Behavioral) to develop another Mobile Crisis Team to serve our area.

Smoky Mountain. The LME's crisis plan start up included building security enhancements in the two crisis units within the SMC catchment area, Synergy Recovery and The Balsam Center. The Balsam Center security enhancements are complete. The estimate and work order for Synergy Recovery security improvements has been approved by the LME, with work started October 24. Synergy did hire additional clinical staff, but has not submitted an invoice for reimbursement. In the LME's Southern Region: A RFP will be issued soon to providers in the western counties to provide a community based crisis intervention service (CBCI) in Cherokee, Clay and Graham Counties. Additional start-up funds will be expended to implement CBCI in the western counties. In the LME's Northern Region: The facility based crisis provider has yet to submit detailed plans for facility renovation. The LME did receive and approve the proposed security camera installation. The LME will work with Synergy Recovery to submit the facility renovation plan, as well as staffing and training costs.

First Quarter: Operation of community based crisis intervention began in Haywood County on August 14, 2007, with the addition of two additional emergency staff. Emergency services clinicians are now based at Haywood Regional Hospital 12 hours a day, 7 days a week, with capacity to provide services in the community. This has helped facilitate discussions with the hospital to open a psychiatric inpatient unit. The LME continues to provide comprehensive crisis services 24/7 at the Balsam Center, including facility based crisis. New River Behavioral Health continues to provide Emergency and Mobile Crisis Service in the five counties of the Northern Smoky Mountain Center via contract with the LME. This service includes two Mobile Crisis Teams (Wilkes/Alleghany and Watauga/Avery/Ashe) as well as traditional emergency service. In addition to reducing State Hospital admissions, the emergency service is attempting to reduce the number of psychiatric cases going to the local EDs, and increasing the number of consumers engaging in services/treatment following a crisis episode. In the Southern Region: Expectation to complete and post an RFP for on-call Community Based Crisis Intervention serving Cherokee, Clay and Graham counties by November 15, 2007 with target to have this program up by January 15, 2008. Will provide comprehensive crisis intervention training for all staff for 2008. Will continue to assess the financial and consumer benefit of the CBCI program to determine need to expand into Zone 2 including Jackson, Macon and Swain Counties. The LME has obtained agreement from Haywood Regional Medical Center to open 16 psychiatric beds as part of the State Hospital pilot program. In the Northern Region. Implement short-term "23 hour" program at Synergy Recover. Achieve greater integration between emergency services and synergy Recovery.

Wake. Start-up (1) GeroPsychiatry Mobile Crisis: Held stakeholder forum on September 18, 2007, to assess needs, gaps, and interests. Working with local ED in particular to develop definition of services desired. LME staff are in process of completing RFP for posting to attract providers. (2) Facility construction & renovation: Completed early architectural programming work. Board of Commissioners approved overall plan to build new outpatient Crisis Assessment Services, 16 secure detox beds, 16 facility based crisis beds, and build or renovate 16 current inpatient SA treatment beds. Land is purchased. RFP has been issued and a review panel is in the process of selecting the architectural firm for full design work.

During the first quarter, all services were provided and billed on Financial Status Reports (FSRS) rather than as unit cost reimbursement claims.. In the next quarter, the Wake LME will undertake (1) Ongoing diligence with Wake Med ED has resulted in a wider commitment to standardized crisis care across the community. A "Capital Area Crisis Cooperative" has been established and now includes representation from Wake Med Hospital, Duke Health Raleigh Hospital, Rex Hospital, Holly Hill Hospital and the LME's Crisis and Assessment Services. The mission of

this group is to standardize assessment tools, communication protocols and data collection throughout the entire emergency services points. (2). In addition, the Wake LME has supported a grant request from Wake Med to The Duke Endowment that will enhance behavioral health staffing in the ED, support the geropsychiatry mobile crisis model in development, and collaboratively develop a mobile ED response team to all other ED's in the county in a three phase plan. The ED behavioral health assessment team is in the process of being hired. Part of their training will be on-site at the Crisis and Assessment Services. A community "grand rounds" model will be used to further enhance standardization and communication across sites and teams. (3) Wake County and the Division of MH/DD/SAS have established a joint planning process to explore the feasibility of interim use of State property (DDH) to develop some local inpatient capacity for the period until the Wake facilities are built. (4) Wake and Holly Hill Hospital have developed joint operational policies and procedures to begin use of whatever capacity exists in the current Holly Hill facility until the Wake funded addition opens. The LME anticipates implementation of the operational procedures and purchase of care for indigent consumers to begin in the next quarter.

Western Highlands (WHNLME). Start-up (1) Crisis stabilization unit: Unit is under construction. The original expected completion date was July 1, 2007. Due to construction and licensing delays the expected opening of the unit has shifted to late December 2007 or early January 2008. Other opening details are being rapidly addressed in the hope that the LME will be ready to start as soon as possible after construction and licensing issues have been resolved. (2) Child Therapeutic Foster Care (TFC) beds: Due to changes in licensure requirements for Therapeutic Foster Care, the original contract provider for WHNLME has discontinued this service. The LME continues to have TFC available related to DSS and Dept. of Juvenile Justice and Delinquency Prevention use. The LME is currently in discussion with other providers regarding picking up this service in our area. (3) 72 hour bed use in local hospitals: WHNLME has discussed use of beds at Rutherford Hospital for 72 hour crisis stays. Contract negotiations are nearing completion and services are expected to begin in the near future. Negotiations for similar services at Pardee Hospital have been slowed by death of a hospital administrator. Renewed negotiations with new staff are just beginning. (4) Mobile crisis service usage: WHNLME contracts with providers to offer mobile crisis services in an effort to respond quickly and effectively to clients in need. Over the past quarter this service has not been widely used.